

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ACKNOWLEDGMENT OF PATERNITY
(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name: _____

PART 1 – CHILD

1. Full Name at Birth: _____
(First) (Middle) (Last) (Suffix)
2. Sex: _____ 3. Date of Birth: _____ 4. Place of Birth: _____ Washington D.C.
5. Birth Certificate Number (If Known): _____ 6. Social Security Number: _____

PART II – BIOLOGICAL MOTHER OF THE CHILD

7. Full Maiden Name: _____
(First) (Middle) (Maiden)
8. Present Name: _____
(First) (Middle) (Last)
9. Date of Birth: _____ 10. Place of Birth (State or Foreign Country): _____
11. Social Security Number: _____ 12. Employer: _____

PART III – BIOLOGICAL FATHER OF THE CHILD (NOTE: Items 17 and 18 concern the father at the time of the child's birth)

13. Full Name: _____
(First) (Middle) (Last) (Suffix)
14. Date of Birth: _____ 15. Place of Birth (State or Foreign Country): _____
16. Social Security Number: _____ 17. Employer: _____
18. Employer's Address: _____

PART IV – BIOLOGICAL PARENTS' MARRIAGE (IF APPLICABLE, You must complete this section and enclose a certified copy of your marriage record)

19. Place of Marriage: _____ 20. Date of Marriage: _____
(City/County and State, or Foreign Country)

PART V – PARENTS' ACKNOWLEDGMENT (THIS ITEM MUST BE COMPLETED)

21. We, being duly sworn, affirm that we are the biological parents of the child named above, we have read the rights and responsibilities statement provided on the reverse of our copy of this document and understand that we have the right to rescind this acknowledgment within sixty days from the date of signing at the Vital Records Division. We request that the father's information be shown on this child's birth certificate, and that the child's name be listed on the birth certificate as shown below.

Child's Name: _____
(First) (Middle) (Last) (Suffix)

22. a. Signature of Father: _____ 23. a. Signature of Mother: _____
- b. Address of Father: _____ b. Address of Mother: _____

24. Subscribed and sworn before me on: _____ 25. Subscribed and sworn before me on: _____

26. Notary's Signature _____ 27. Notary's Signature _____

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
RIGHTS AND RESPONSIBILITIES OF THE MOTHER AND FATHER**

I have read and I was told the following before signing the Acknowledgment of Paternity on the reverse side of this form:

FATHER

I understand that this form establishes that I am the biological father of the named child when it is signed under oath by myself and the child's mother. Either the mother or I may rescind this document within the earlier of 60 days or the date of a legal or administrative proceeding relating to paternity or child support.

MOTHER

I understand that this form establishes paternity for the named child when it is signed under oath by myself and the child's biological father. Either the father or I may rescind this document within the earlier of 60 days or the date of a legal or administrative proceeding relating to paternity or child support.

MOTHER AND FATHER

I sign this Acknowledgment of Paternity voluntarily and understand that I am under no obligation to do so. No pressure has been placed on me to sign. I understand that I may take the following actions instead of signing this form:

- Seek the advice or representation of legal counsel
- Request that a genetic test be taken to determine paternity
- Have paternity determined at a hearing

I understand that, as a parent, I have the responsibility to support my child until the child turns 21 or beyond, as required by law. If I do not have custody, I will be required to pay the child support to the person having custody of the child, or the government, depending on the circumstances.

I understand that the noncustodial parent has a right to visitation with the child. This right can be enforced through legal action. Both parents also have the right to request a court to enter an order determining the child's custody.

I understand that both parents have the right to rescind this Acknowledgment of Paternity within the earlier of 60 days or the date of a legal or administrative proceeding relating to paternity or child support. If this Acknowledgment is not rescinded, it can only be challenged in a court proceeding based on fraud, duress, or material mistake of fact.

I understand that this Acknowledgment of Paternity may be used in any legal proceeding regarding my child.

I understand that I have a right to talk to a staff person to clarify information on this form and answer any questions I have.

I understand that the child's surname will be changed to the biological father's surname on the child's birth certificate if both parents consent to have it changed.

I understand that both parents have the right to make certain decisions concerning the child's education, medical care, and other matters of legal significance, as decided by the court. Both parents will also have other parental rights and duties as provided by District law.

I understand that it will be easier for the child to learn medical histories of both parents and to benefit from health care coverage available to both parents after paternity is established.

I understand that it will be easier for the child to receive benefits such as dependent or survivor's benefits from the Veteran's Administration or from the Social Security Administration, as well as share in any estate should either parent die.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ACKNOWLEDGMENT OF PATERNITY
(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name: _____

PART I – CHILD

1. Full Name at Birth: _____
(First) (Middle) (Last) (Suffix)
2. Sex: _____ 3. Date of Birth: _____ 4. Place of Birth: _____ Washington D.C.
5. Birth Certificate Number (*If Known*): _____ 6. Social Security Number: _____

PART II – BIOLOGICAL MOTHER OF THE CHILD

7. Full Maiden Name: _____
(First) (Middle) (Maiden)
8. Present Name: _____
(First) (Middle) (Last)
9. Date of Birth: _____ 10. Place of Birth (*State or Foreign Country*): _____
11. Social Security Number: _____ 12. Employer: _____

PART III – BIOLOGICAL FATHER OF THE CHILD (*NOTE: Items 17 and 18 concern the father at the time of the child's birth*)

13. Full Name: _____
(First) (Middle) (Last) (Suffix)
14. Date of Birth: _____ 15. Place of Birth (*State or Foreign Country*): _____
16. Social Security Number: _____ 17. Employer: _____
18. Employer's Address: _____

PART IV – BIOLOGICAL PARENTS' MARRIAGE (*IF APPLICABLE, You must complete this section and enclose a certified copy of your marriage record*)

19. Place of Marriage: _____ 20. Date of Marriage: _____
(City/County and State, or Foreign Country)

PART V – PARENTS' ACKNOWLEDGMENT (*THIS ITEM MUST BE COMPLETED*)

21. We, being duly sworn, affirm that we are the biological parents of the child named above, we have read the rights and responsibilities statement provided on the reverse of our copy of this document and understand that we have the right to rescind this acknowledgment within sixty days from the date of signing at the Vital Records Division. We request that the father's information be shown on this child's birth certificate, and that the child's name be listed on the birth certificate as shown below.

Child's Name: _____
(First) (Middle) (Last) (Suffix)

22. a. Signature of Father: _____ 23. a. Signature of Mother: _____
- b. Address of Father: _____ b. Address of Mother: _____

24. Subscribed and sworn before me on: _____ 25. Subscribed and sworn before me on: _____

26. Notary's Signature _____ 27. Notary's Signature _____

HOSPITAL

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ACKNOWLEDGMENT OF PATERNITY
(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name: _____

PART I – CHILD

1. Full Name at Birth: _____
(First) (Middle) (Last) (Suffix)
2. Sex: _____ 3. Date of Birth: _____ 4. Place of Birth: _____ Washington D.C.
5. Birth Certificate Number (If Known): _____ 6. Social Security Number: _____

PART II – BIOLOGICAL MOTHER OF THE CHILD

7. Full Maiden Name: _____
(First) (Middle) (Maiden)
8. Present Name: _____
(First) (Middle) (Last)
9. Date of Birth: _____ 10. Place of Birth (State or Foreign Country): _____
11. Social Security Number: _____ 12. Employer: _____

PART III – BIOLOGICAL FATHER OF THE CHILD (NOTE: Items 17 and 18 concern the father at the time of the child's birth)

13. Full Name: _____
(First) (Middle) (Last) (Suffix)
14. Date of Birth: _____ 15. Place of Birth (State or Foreign Country): _____
16. Social Security Number: _____ 17. Employer: _____
18. Employer's Address: _____

PART IV – BIOLOGICAL PARENTS' MARRIAGE (IF APPLICABLE, You must complete this section and enclose a certified copy of your marriage record)

19. Place of Marriage: _____ 20. Date of Marriage: _____
(City/County and State, or Foreign Country)

PART V – PARENTS' ACKNOWLEDGMENT (THIS ITEM MUST BE COMPLETED)

21. We, being duly sworn, affirm that we are the biological parents of the child named above, we have read the rights and responsibilities statement provided on the reverse of our copy of this document and understand that we have the right to rescind this acknowledgment within sixty days from the date of signing at the Vital Records Division. We request that the father's information be shown on this child's birth certificate, and that the child's name be listed on the birth certificate as shown below.

Child's Name: _____
(First) (Middle) (Last) (Suffix)

22. a. Signature of Father: _____ 23. a. Signature of Mother: _____
- b. Address of Father: _____ b. Address of Mother: _____

24. Subscribed and sworn before me on: _____ 25. Subscribed and sworn before me on: _____

26. Notary's Signature _____ 27. Notary's Signature _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ACKNOWLEDGMENT OF PATERNITY
(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name: _____

PART I – CHILD

1. Full Name at Birth: _____
(First) (Middle) (Last) (Suffix)
2. Sex: _____ 3. Date of Birth: _____ 4. Place of Birth: _____ Washington D.C.
5. Birth Certificate Number (If Known): _____ 6. Social Security Number: _____

PART II – BIOLOGICAL MOTHER OF THE CHILD

7. Full Maiden Name: _____
(First) (Middle) (Maiden)
8. Present Name: _____
(First) (Middle) (Last)
9. Date of Birth: _____ 10. Place of Birth (State or Foreign Country): _____
11. Social Security Number: _____ 12. Employer: _____

PART III – BIOLOGICAL FATHER OF THE CHILD (NOTE: Items 17 and 18 concern the father at the time of the child's birth)

13. Full Name: _____
(First) (Middle) (Last) (Suffix)
14. Date of Birth: _____ 15. Place of Birth (State or Foreign Country): _____
16. Social Security Number: _____ 17. Employer: _____
18. Employer's Address: _____

PART IV – BIOLOGICAL PARENTS' MARRIAGE (IF APPLICABLE, You must complete this section and enclose a certified copy of your marriage record)

19. Place of Marriage: _____ 20. Date of Marriage: _____
(City/County and State, or Foreign Country)

PART V – PARENTS' ACKNOWLEDGMENT (THIS ITEM MUST BE COMPLETED)

21. We, being duly sworn, affirm that we are the biological parents of the child named above, we have read the rights and responsibilities statement provided on the reverse of our copy of this document and understand that we have the right to rescind this acknowledgment within sixty days from the date of signing at the Vital Records Division. We request that the father's information be shown on this child's birth certificate, and that the child's name be listed on the birth certificate as shown below.

Child's Name: _____
(First) (Middle) (Last) (Suffix)

22. a. Signature of Father: _____ 23. a. Signature of Mother: _____
- b. Address of Father: _____ b. Address of Mother: _____

24. Subscribed and sworn before me on: _____ 25. Subscribed and sworn before me on: _____

26. Notary's Signature _____ 27. Notary's Signature _____

MOTHER

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ACKNOWLEDGMENT OF PATERNITY
(§ 16-909.03 District of Columbia Code)

This statement is to acknowledge paternity of the child described herein. In order for the father's name to appear on the birth certificate of a child born out of wedlock, both biological (*natural*) parents must complete and sign this statement before a notary public.

Hospital Name: _____

PART 1 – CHILD

1. Full Name at Birth: _____
(First) (Middle) (Last) (Suffix)
2. Sex: _____ 3. Date of Birth: _____ 4. Place of Birth: _____ Washington D.C.
5. Birth Certificate Number (If Known): _____ 6. Social Security Number: _____

PART II – BIOLOGICAL MOTHER OF THE CHILD

7. Full Maiden Name: _____
(First) (Middle) (Maiden)
8. Present Name: _____
(First) (Middle) (Last)
9. Date of Birth: _____ 10. Place of Birth (State or Foreign Country): _____
11. Social Security Number: _____ 12. Employer: _____

PART III – BIOLOGICAL FATHER OF THE CHILD (NOTE: Items 17 and 18 concern the father at the time of the child's birth)

13. Full Name: _____
(First) (Middle) (Last) (Suffix)
14. Date of Birth: _____ 15. Place of Birth (State or Foreign Country): _____
16. Social Security Number: _____ 17. Employer: _____
18. Employer's Address: _____

PART IV – BIOLOGICAL PARENTS' MARRIAGE (IF APPLICABLE, You must complete this section and enclose a certified copy of your marriage record)

19. Place of Marriage: _____ 20. Date of Marriage: _____
(City/County and State, or Foreign Country)

PART V – PARENTS' ACKNOWLEDGMENT (THIS ITEM MUST BE COMPLETED)

21. We, being duly sworn, affirm that we are the biological parents of the child named above, we have read the rights and responsibilities statement provided on the reverse of our copy of this document and understand that we have the right to rescind this acknowledgment within sixty days from the date of signing at the Vital Records Division. We request that the father's information be shown on this child's birth certificate, and that the child's name be listed on the birth certificate as shown below.

Child's Name: _____
(First) (Middle) (Last) (Suffix)

22. a. Signature of Father: _____ 23. a. Signature of Mother: _____
- b. Address of Father: _____ b. Address of Mother: _____

24. Subscribed and sworn before me on: _____ 25. Subscribed and sworn before me on: _____

26. Notary's Signature _____ 27. Notary's Signature _____

FATHER